



**Submission to the Standing Committee on Social
Policy and Legal Affairs
Inquiry into homelessness in Australia**

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Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

Executive Summary and Recommendations

There are over 116,000 people in Australia who are homeless. They sleep on the street, in cars, in shelters, and in overcrowded dwellings. They live in every jurisdiction in Australia, representing both a personal hardship for those experiencing homelessness and a lost opportunity for the community and the economy.

Homelessness in Australia is a result of systemic and structural failures.

Our society has a complex arrangement of safety nets and a person becoming homeless means that one, or generally several, of these safety nets has failed. The experience of a global pandemic has highlighted how these failures disproportionately affect people who are disadvantaged. It has also highlighted that there is huge resilience and capacity to change in our society.

The problem of homelessness can be fixed.

The solution to eradicating homelessness is to look at the systems and structures that lead to homelessness and strengthen their ability to work with people to avoid homelessness. Although these are wicked problems, there are concrete actions that can be taken now.

Recommendations

A National Homelessness and Housing Strategy

This strategy needs to have:

- A commitment to the eradication of homelessness, and clear targets to achieve that goal
- Bi-partisan and intergovernmental support.
- Consideration of how policies can best serve different cohorts of people most at risk of homelessness.
- Consideration of the systemic causes of homelessness including adequacy of income support and Commonwealth Rent Assistance (CRA), early intervention for people at risk of homelessness, and housing availability and affordability.

Commitment to social housing investment

Sufficient social housing is a critical part of a comprehensive plan to end homelessness. To ensure that social housing is robust a commitment needs to be made that:

- Articulates clear targets that are ambitious and proportionate to the need for this housing option.
- Acknowledges the importance of government, business and the not-for-profit sector and provides the environment for shared funding, co-investment and incentives needed to grow social housing stock.

- Acknowledges the need for ongoing investment in renewal, refurbishment and significant upgrades of existing public and social housing stock to extend the useful life of the housing assets.

Make use of community expertise

There are many people working in the homelessness and housing sectors who can bring evidence, experience and innovative solutions to the table. There needs to be a forum to allow these groups to collaboratively assist to address these issues including by:

- Presenting the voice of people who have experienced homelessness
- Representing the breadth of experience of homelessness cohorts
- Testing ideas and identifying unforeseen consequences of policy settings
- Providing examples of best practice or innovative solutions that can be scaled.

Lessons learnt from COVID-19

The key response across the world to the COVID-19 pandemic is for people to 'stay at home', with physical distancing the most important factor in reducing the spread of the infection. When people can isolate themselves at home, they reduce their chance of encountering anybody who may have the virus. COVID-19 has thrown into sharp relief that safe and secure housing is not available to all Australians.

The issue of homelessness was prevalent and critical before the pandemic and the recommendations that addressed the issue before the pandemic remain current during and after. The bulk of this submission deals with systemic issues that have contributed to the disadvantage experienced by people without access to safe and affordable housing which have become more acute as a result of the pandemic.

COVID-19 meant that urgent action was required to protect the health of people experiencing homelessness as well as the wider community given the risk associated with an outbreak in populations of people sleeping rough. Governments and homelessness services across the country acted quickly with a range of new measures and changes to service delivery arrangements.

The Salvation Army undertook to implement immediate and significant changes to service delivery and facilities management, including a reduction to occupancy numbers – in particular among those in shared accommodation. Staged or in-room meals were provided, with group work, guests attending facilities and other activities suspended where social distancing could not be maintained. New and additional cleaning and hygiene measures were implemented, including access to personal protective equipment and in-room entertainment, such as televisions, radios and books.

COVID-19 demonstrated that many crisis accommodation facilities, including within The Salvation Army, are not fit-for-purpose in the context of a pandemic. Through combined and concerted efforts across the organisation and on the part of individual clients and staff members, The Salvation Army has managed to avoid transmission of COVID-19 within its homelessness programs. In future a combination of capital works and acceptance of increased operational costs will be needed for homelessness service providers to ensure services are appropriate and safe.

A major issue identified by COVID-19 was the significant variability between the states and territories in homelessness responses and client outcomes to date. For example, measures to provide hotels and other short-term accommodation options to people sleeping rough during COVID-19 were undertaken differently between the states, with variable housing prospects for clients following these emergency provisions. Where this action was undertaken more comprehensively, it served as a clear example of the capacity to 'ending rough/street sleeping overnight'.

Over 1,000 people across Australia were provided with short-term accommodation options by The Salvation Army (whether arising from new physical distancing requirements at existing crisis facilities or as a response to people still sleeping rough). In some states permanent housing upon exiting was possible, for example, for some 20 men from a Salvation Army crisis facility in Sydney as well as for up to five people per week in South Australia. In other states, accommodation options following the immediate COVID-19 responses remain an unresolved priority.

For most people, returning to rough sleeping once temporary accommodation measures conclude remains the most likely outcome. This has been demonstrated in parts of western Victoria, where requests for swags and sleeping bags has increased and crisis facilities remain at some 20 per cent of capacity due to not being fit-for-purpose within the context of ongoing physical distancing requirements.

Noting that there is still a long way to go in addressing the consequences of COVID-19 and in moving into the recovery phase, The Salvation Army maintains the urgent call for national leadership. This is best achieved in partnership with state and territory governments, in responding to homelessness in Australia, including in ensuring adequate supply lines of social and affordable housing.

Given the acute shortage of social housing, private rental remains an option for some cohorts, where co-morbidity and housing support needs permit. The suggested withdrawal of the Coronavirus Supplement and other protections introduced to prevent evictions and homelessness, however, have resulted in leases of no longer than six months, where these can be obtained at all for vulnerable cohorts.

Although it is difficult to predict, our services are expecting housing stress to peak after September 2020. This is because of the dual negative effects of cessation of increased government supports, such as the Coronavirus Supplement, and provisions made by banks and landlords to avoid evictions and mortgage foreclosures. Urgent action will be required to avert

an escalation of the homelessness crisis and consequent increased risks to the community should COVID-19 continue to remain prevalent.

Urgent actions to avoid this peak of housing stress could include:

- A phased and more nuanced approach to the winding back of the Coronavirus Supplement coupled with an increase to the base rate of the JobSeeker Payment.
- Reform of the Commonwealth Rent Assistance scheme that sees assistance increased to account for variations in housing affordability across the country.
- Encouragement for state and territory governments to extend national protections for tenants and effective models of rent control, to protect the most vulnerable.

Homelessness in Australia

Homelessness is a widespread and serious issue in Australia. According to the 2016 Census, 116,427 people were counted as being homeless on Census night (up from 102,439 in 2011).

Table 1: Number of homeless people, by homelessness type, Census night 2016

Type of homelessness	Number
Persons living in improvised dwellings, tents, or sleeping out (rough sleepers)	8,200
Persons in supported accommodation for the homeless	21,235
Persons staying temporarily with other households	17,725
Persons living in boarding houses	17,503
Persons in other temporary lodgings	678
Persons living in severely crowded dwellings	51,088
All homeless persons	116,427

Source: ABS 2018¹

The Salvation Army is one of the nation's largest providers of Specialist Homelessness Services (SHS). In the 2018-19 financial year The Salvation Army provided some level of support to 42,086 individuals² that were experiencing, or at risk of, homelessness. This was an increase of 1,685 individuals (4.2 per cent) from the year prior.

The Salvation Army's 'Homelessness Project' combines primary and secondary data to understand the profile of people that accessed its services. The results show that 67 per cent of people reported being homeless on more than one occasion in their life, with half of these experiencing homelessness at least four times, and that 33 per cent of clients presenting to The Salvation Army homelessness services are doing so for the first time.³

¹ Australian Bureau of Statistics., *Census of Population and Housing: Estimating homelessness, 2016* (2018). cat. no. 2049.0, Australian Bureau of Statistics. Available at <<https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>>.

² Referred to as a "client" in AIHW data, which is any person of any age who receives a service from a SHS agency with the intention of responding to, or preventing, homelessness. Children who present with a parent or guardian and receive a service are considered to be clients.

³ The Salvation Army Australia., "Initial Findings: The Salvation Army's Specialist Homelessness Services" (2020).

Based on The Salvation Army's experience, there are a range of co-occurring presenting issues which we see increasing both in terms of prevalence and complexity. Our evidence shows that an experience of homelessness leads to increased impact and complexity of existing trauma, substance use and mental ill-health.

The five most common primary presenting reasons at Salvation Army homelessness services give a sense of what drives people toward homelessness:

- Housing crisis (imminent eviction) – **26.5%**
- Domestic or family violence – **13.7%**
- Financial difficulties – **12.2%**
- Inadequate or inappropriate dwelling – **11.1%**
- Transition from custodial arrangements – **5.5%**

A key theme of these presenting reasons is the role of poverty as an underlying cause of homelessness. The circumstances of poverty that can lead a person to become homeless include having little money, debt, a lack of education, poor mental and physical health, disability, reliance on public housing, living in sub-standard accommodation and social exclusion.

Ending Homelessness – Prevention

Housing affordability

The term ‘housing affordability’ usually refers to the relationship between expenditure on housing (prices, mortgage payments or rents) and household incomes. Overall, any type of housing (including rental/home ownership, permanent/temporary, for-profit/non-profit) is considered affordable if it costs less than 30 per cent of household income.⁴ The problem of housing affordability across Australia continues to exceed previous records, with reports showing the ongoing growth of individuals and households in housing need is predicted to rise from 1.3 million (just under 14 per cent of households) to 1.7 million by 2025.⁵

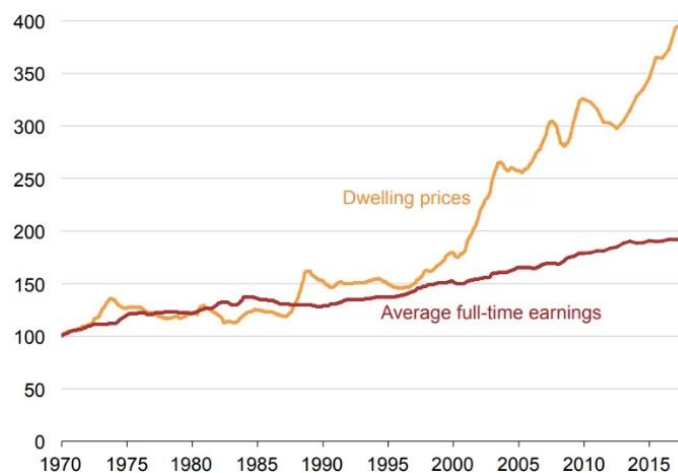
Housing prices in Australia have been steadily increasing since the mid-1980s, while incomes and support payments have not been keeping up. As a result of this, a large part of the Australian population—and young people in particular—have been unable to break into the property market (see Figure 1). High housing prices are also contributing to what has been called ‘Generation Rent’ and homes are being purchased later due to unaffordability. Young people are disproportionately affected by this trend.⁶

⁴ Thomas, M. and Hall, A., “Housing Affordability in Australia”, *Parliamentary Library Briefing Book* (2016). Available at <https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook45p/HousingAffordability>

⁵ Rowley, S., Leishman, C., Baker, E., Bentley, R. and Lester, L., *Modelling housing need in Australia to 2025* (2017). AHURI Final Report 287. Available at <<http://www.ahuri.edu.au/research/final-reports/287>>

⁶ Raynor, K., Dosen, I. & Otter, C., *Housing affordability in Victoria* (2017). Available at <<https://www.parliament.vic.gov.au/publications/research-papers/send/36-research-papers/13840-housing-affordability-in-victoria>>

Figure 1: Real dwelling prices and full-time weekly earnings: 1970 = 100



Notes: Data for 1970 to 2010 is from Yates (2011). Data from 2010 is six-monthly growth in the residential property price index from ABS (2017c), deflated by CPI. Earnings data is full-time ordinary time earnings from ABS (2017(d), deflated by CPI.

Sources: Yates, J., *Housing in Australia in the 2000s: On the Agenda Too Late?* *The Australian Economy in the 2000s* (2011). Available at <www.rba.gov.au/publications/confs/2011/pdf/yates.pdf>, viewed 5 June 2020; ABS, Cat. 6416.0, *Residential Property Price Indexes: Eight Capital Cities* (2017). Available at <www.abs.gov.au/ausstats/abs@.nsf/mf/6416.0>, viewed 5 June 2020; and, ABS Cat. 6302.0, *Average weekly earnings, Australia* (2017). Available at <www.abs.gov.au/Ausstats/abs@.nsf/0/14CDB5CD59F6A075CA2575BC001D6157?OpenDocument>, viewed 5 June 2020

The Salvation Army considers that sufficient provision of housing, suited to the needs of the full range of households (including different affordability capacities), should be one of the priorities within the national housing system. Currently, we believe this is not the case. The solution is not simply more housing. Rather, there is need for more supply of mixed adequate types of housing, with better locations and available at a range of affordable rates.⁷

Income inadequacy

The current base rate of the Jobseeker Payment is too low to allow a person to meet housing expenses (and avoid poverty in general). While a person living with extreme frugality may be able to ‘make do’ for a short period of time, even the slightest disruption can lead to financial difficulty.

Anglicare Australia’s annual *Rental Affordability Snapshot* has consistently shown that housing is particularly difficult for those living on government welfare payments. The report found there were effectively no affordable options for those on the Age Pension, Disability Support Pension, Parenting Payment, JobSeeker Payment (formerly Newstart Allowance) or Youth Allowance. With just three per cent of rental properties on the private market affordable and suitable for people on the lowest incomes, the size of the crisis is clear.⁸

⁷ Melbourne School of Design, *Affordable housing for all: Towards an integrated affordable housing strategy for Victoria* (2016). Available at <www.msdl.unimelb.edu.au/_data/assets/pdf_file/0007/2603536/Affordable-Housing-For-All_0.pdf>

⁸ Anglicare Australia (2020). 2020 RENTAL AFFORDABILITY SNAPSHOT. Available at <www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2020.pdf?sfvrsn=4?>

Anglicare Australia's report also shows that there were just three properties out of more than 69,960 listed on the Snapshot weekend that was affordable and suitable for people receiving Youth Allowance and only two for a single person on Newstart. Just 526 properties were affordable for a single person on the Age Pension, and devastatingly, only 245 were affordable for a person on the Disability Support Pension.⁹

The Salvation Army acknowledges that the Coronavirus Supplement introduced on 22 March 2020 radically changes the level of the Jobseeker Payment. This supplement is temporary and, although a welcome and sensible strengthening of the welfare safety net, will not have a significant impact on homelessness until it is translated into a permanent increase to income support payments.

Australian Alliance to End Homelessness

Research studies from around the world consistently demonstrate that having access to safe, affordable housing provides a foundation on which individuals and families can build better futures.

Specifically, individuals and families can use the safety, security and stability of housing to:

- Exit homelessness
- Rise out of poverty
- Improve the health of themselves and their family
- Reconnect with family where there has been estrangement
- Engage in work, study and community participation
- Provide a stable home, school and community for children to be a part of
- Break the cycle of intergenerational poverty by giving children the chance to thrive.

Comprising a membership that includes social policy leaders and organisations such as The Salvation Army from across Australia who share a commitment to the vision of preventing and ending homelessness, the Australian Alliance to End Homelessness (AAEH) works with local communities at all levels to ensure everyone has access to safe and sustainable housing services and that any incidents of homelessness that do occur are rare, brief and non-recurring.

The work of the Alliance is evidence-based and informed by global best practice and research available from successful international studies and programs in the most effective ways to end homelessness.

AAEH is committed to preventing and ending homelessness in Australia by ensuring everyone has access to safe, affordable, appropriate and sustainable housing (not merely shelter) and the services they need.

⁹ Ibid

Concierge Program

The Salvation Army's concierge program at 69 Bourke Street, Melbourne places formerly homeless people into employment as liaisons with rough sleepers and local businesses.

Helping people who are homeless requires both an awareness of the problem and a readiness to address it. The Salvation Army's biggest need is not a single factor; we need more human resources and financial resources.

Some of our concierges have not worked for decades prior to starting with us. With patience and belief, we have worked through the issues that arise, and the men and women in the program abide by our standard and values. We love them and place trust in them, and that trust is returned.

The concierges have been given an opportunity to rise to the challenge, and they've met it. Being treated and respect as 'normal' members of the workforce gives them hope.

Some of our people were regular callers to 000, and regular visitors to emergency rooms in our hospitals. This has changed. Hope is an incredible resource, and as accommodation, employment and training has come into these people's lives, they have grown and healed. Access to good food and to good ways of living has benefitted them and us, and their self-esteem is built on achievement, validation and self-respect.

Early intervention

The cost of homelessness to homeless persons, our community and economy is enormous and only increases the longer the individual remains homeless. Studies have consistently indicated that programs that effectively reduce homelessness can achieve the savings from reduced public health and criminal justice costs that far outweigh their expense. For instance, alternative housing models, such as 'Housing First' approaches to ending homelessness, can quickly move people experiencing homelessness into independent and permanent housing while also providing appropriate support.¹⁰

While there is increasing empirical research in Australia examining the life course institutional costs associated with vulnerable people experiencing homelessness, the costs to the person and the community are also estimated to be very high. For example, a lack of adequate services is associated with costly criminal justice, health and homelessness interactions and interventions later in their lives. Early and well-timed interventions, the provision of secure housing and support for an individual to maintain a tenancy could significantly reduce the need (and cost) for the future years of crisis or criminal justice interventions.¹¹

¹⁰ Steen, A., "The many costs of homelessness" (2018). *Medical Journal of Australia*, 208(4), 167-168. Available at <www.mja.com.au/journal/2018/208/4/many-costs-homelessness>

¹¹ Ibid

More recently, research, commissioned by the University of Melbourne found that it is significantly cheaper for governments to provide last-resort housing than to have people continuing to sleep on the streets. For example, the fact that 7,600 Victorians were living on the streets in 2017 represents an annual cost of some \$194 million.¹²

The Salvation Army's experience (through its Salvation Army Housing service) shows that it is more cost-effective to help keep people from falling behind in mortgages or rent than having to find them accommodation after losing their housing.

Apart from economic costs, there is strong evidence to show that getting people into housing as quickly as possible is an effective measure to address homelessness. Known as rapid rehousing, this approach is a sub-set of the 'Housing First' philosophy, which prescribes safe and secure housing as the first priority for people experiencing homelessness, in order that they can then start addressing the issues that have contributed to their homelessness. At the same time, it also prevents problems associated with becoming chronically homeless from escalating.¹³

Recent studies by the Australian Housing and Urban Research Institute shows that many early intervention strategies can be implemented quickly and cost-effectively by stabilising people in their existing tenancy and avoiding evictions. There is considerable scope to increase and improve early intervention, to provide more secure housing, and to achieve better mental health outcomes for people at risk of homelessness.¹⁴

Whether it is maintaining the tenancy of someone in existing housing, providing rapid rehousing to people as they become homeless, preventing someone from falling into chronic homelessness, or investing early in protective factors such as health and education for young people, early intervention initiatives represent the most effective and cost-efficient approach to addressing homelessness.

¹² Witte, E. 'The case for investing in last resort housing', *MSSI Issues Paper* No. 10 (2017). Melbourne Sustainable Society Institute, The University of Melbourne. Available at <https://sustainable.unimelb.edu.au/__data/assets/pdf_file/0012/2756874/MSSI-IssuesPaper-10_Last-Resort-Housing_2017_0.pdf>

¹³ Council to Homeless Persons, *Early intervention the key to ending homelessness* (2014). Available at <www.chp.org.au/early-action-ends-homelessness-for-many/>

¹⁴ Australian Housing and Urban Research Institute, *Housing, homelessness and mental health: towards systems change* (2018). Available at <www.ahuri.edu.au/__data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf>

Based on our extensive experience, The Salvation Army has also identified the following features of effective early intervention approaches:

Timeliness

Early intervention responses must be delivered in a timely manner in order to address risk factors before they escalate and worsen. As such, it is also important that the service system is sufficiently resourced to ensure it has the capacity to respond.

Flexibility

Flexible, innovative, client-centred approaches that recognise the unique circumstances of each individual are required. This includes the amount and duration of support to address the factors that have given rise to homelessness or are placing a person at risk of becoming homeless.

Attuned to life stages and development issues

Approaches tailored to where individuals are in their lives and the points of change across different life stages. For example, different interventions will be appropriate and effective for young people starting out in housing and employment, older persons who have recently lost their partner, and families facing unemployment. Life stages and life transitions should be used as a framework for developing early intervention responses for people undergoing transitions that may place them at high risk of becoming homeless or when people have tipped over into homelessness following these transitions.

Multi-faceted response

The Salvation Army's experience echoes much of the literature on early intervention, particularly pertaining to youth homelessness, which emphasises the need for coordinated, multi-faceted responses involving multiple agencies and players to prevent homelessness from becoming a feature of a young person's life by identifying at-risk young people early. For many young people who are experiencing more complex and multiple issues, these may include:

- Schools and the education system
- Police, the justice system and the courts
- Out-of-home care
- Health and/or welfare providers including mental health and alcohol and other drug services.

The need for multi-faceted responses to end homelessness as quickly as possible after it occurs is equally true for other groups:

- For women and children escaping violence, *staying home*, *leaving violence*, or *safe at home* models might fit, or for others a multi-faceted and integrated response involving domestic violence workers, the justice system, police and social services may be necessary to support them to remain in the family home where it is safe to do so.
- For single people, an early intervention response may still require a multi-faceted and tailored response, though the services themselves may differ. For example, if an individual became homeless as a result of financial crisis caused principally by unemployment or a lack of economic resources and/or social support, an early intervention response would need to connect them to services to assist in building
- capacity in these areas and boosting their capacity for economic and social participation.
- For older people, ensuring that they can be supported to live independently where they want to do so and providing support to combat exclusion and social isolation would be features of an early intervention response.

Strengths-based approaches

The Salvation Army provides early intervention programs like Reconnect, which use strengths-based approaches to support people to harness support networks and strengths already present in their lives to overcome homelessness and regain independent or reunite with family and social networks.

Ending Homelessness – Support to Independence

Intersectional approaches to homelessness

It is critical that any policy response is informed by a thorough and sensitive consideration of the multidimensional and intersecting issues experienced by individuals experiencing homelessness. This involves recognising that people have many layers and possess multiple characteristics that are interconnected or intertwined. It recognises that people can belong to more than one of the diverse groups. Adopting an intersectional framework approach will enable the identification of barriers to safety and access to services that individuals experience due to discrimination based on social categorisations.¹⁵

Some of the intersecting elements that policy makers need to consider include:

- **Trauma** – Traumatic events often occur as a precursor to becoming homeless, with many people leaving home to avoid ongoing trauma in the form of assault, child abuse and other forms of interpersonal violence. Service systems are not always equipped with the necessary tools or the right responses to help people who have a history of trauma. Often this lack of consideration or understanding of how central the experience of trauma can be for people with whom we work can prevent diverse homeless services from being effective.¹⁶
- **Alcohol and other drug-related issues** – There is a strong association between problematic alcohol or other drug use and experiences of homelessness.¹⁷ Research from homelessness services in Melbourne showed that 43 per cent of the homeless population reported that they had alcohol and other drug use problems. Of these, one-third reported that they had these problems prior to becoming homeless, with the remaining two-thirds reporting that they developed problems with alcohol and other drugs following homelessness. The duration of substance use problems is often prolonged in the homeless population because their social networks may perpetuate their alcohol and other drug problems.¹⁸

¹⁵ State of Victoria (Family Safety Victoria), *Everybody Matters: Inclusion and Equity Statement* (2018). Available at <www.vic.gov.au/everybody-matters-inclusion-and-equity-statement>

¹⁶ European Federation of National Organisations Working with the Homeless, *Recognising the link between trauma and homelessness* (2017). Available at <https://www.feantsa.org/download/feantsa_traumaandhomelessness03073471219052946810738.pdf>

¹⁷ Australian Institute of Health and Welfare, *Alcohol, tobacco & other drugs in Australia* (2019). Available at <www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/homeless-people>

¹⁸ Ibid

- **Deinstitutionalisation** – deinstitutionalisation policies of the 1980's were predicated on the assumption that social housing would be available for all those living in the community with psychosocial disability. They assumed the availability of adequate: housing, employment, income, clinical services and psychosocial support. As stated in the *Mental Health Draft Report Volume 1* released in October 2019 by the Productivity Commission, many people became homeless or vulnerable to living in unsuitable housing situations as a result of deinstitutionalisation.¹⁹ Sadly, the experience of mental illness and related disability today is frequently a fast track to deep and permanent poverty. Living with psychosocial disability too often means reduced access to employment, and income at poverty levels. Consequently, many people living with psychosocial disability cycle in and out of homelessness.²⁰

Data collection, access and reporting

The Salvation Army analyses client data and conducts strategic research projects to understand community members' experiences during hardship, the impact of the services accessed and their effectiveness. This provides insights about client profiles and any progress resulting from engagement with The Salvation Army's SHS services. The following areas for improvement have been identified:

- Easier access for SHS agencies (service providers) to obtain client data (individual and aggregate) from SHS data systems at the centre, state and national levels:
 - Lack of access to individual data and/or suitable reports limits the ability of service providers to understand client progress and service impact, therefore constraining evaluation of effectiveness.
 - There is scope for better consolidation of national data, –with limited summaries obtainable from the Australian Institute of Health and Welfare (**AIHW**). This is possibly due in part to different data collection platforms, governance and policies.
 - Even when access to SHS data systems exists, there was not one single data set source with complete client information for the identified report period. For example, entry and exit-point data needed to be downloaded from different data sets resulting in a time-consuming and often unfeasible data cleaning process, especially for those organisations with numerous centres and hence numerous data sets requiring collation. This hinders the possibility of longitudinal progress and situation tracking.

¹⁹ Productivity Commission, *Mental Health, Draft Report*, (2019). Available at <<https://www.pc.gov.au/inquiries/current/mental-health/draft>>

²⁰ Smith, J., *Introduction; Mental Health, Disability and Homelessness* (2018). Available at <www.chp.org.au/mental-health-disability-and-homelessness/>

- Standardised reporting:
 - Reporting variables must be consistent and clearly identified in reports and publications to avoid confusion. For example, by 'client' or 'support period' only, whichever is most appropriate.
- Cohesive and concise data collection:
 - Quality versus quantity of information. For example, there are three questions for housing: 'Type of residence/dwelling', 'Client's tenure', and 'Conditions of occupancy for client's dwelling'. These three must be manually combined to provide information for a person's housing status. Fewer but more meaningful questions on the housing situation such as affordability, safety and accessibility of housing (not currently collected by SHS services) would provide improved insight.
 - Workers are required to select responses from long lists of data terms that do not have intuitive definitions, potentially increasing data entry errors. For example, there were 27 potential responses that could be selected under "Main presenting issue".
- Quality and consistency of ongoing data collection:
 - Trend analysis: it is difficult to compare datasets over time and impossible to distinguish whether changes or trends over the years are genuine at a community or frontline level, or if these are caused by data collection practice variations. Changes in policy, service and funding models, and workers' data collection practices (possibly due to improvements in understanding data term categorisation over the years) could all have influenced these observed trends.
- Presentation of SHS data or client counts to be based on one adult/head person in the household.
 - Current SHS data includes all supported people of any age, including children and dependants. This makes it difficult to understand representation of certain demographics, for example, in some reports children (under the minimum age of employment) are counted in the percentage of people without income/employment.

Individual cohorts

With a further deepening of the size and depth of homelessness, our evidence reaffirms the following groups as being more likely to become entrenched in homelessness in the absence of significant and targeted intervention:

- Rough sleepers
- Women and children impacted by family and domestic violence
- People exiting institutions (young people leaving state care, people exiting prison, and people being discharged from hospitals)
- People of Aboriginal and Torres Strait Islander descent
- Mental ill-health
- Women aged over 55
- People seeking asylum
- Veterans

Rough sleeping

Rough sleepers make up approximately seven per cent of the homeless population while the remainder of Australia's homeless are the 'hidden homelessness' (typically people sleeping in cars, rooming houses, couch surfing, or staying in other temporary types of accommodation).²¹ These groups are often one step away from rough sleeping.

On Census night in 2016, around 8,200 Australians were sleeping rough, living on the streets, sleeping in parks, squatting, or living in improvised dwellings.²² According to a recent study that has tracked the changing geography of the problem over 15 years, almost half of all rough sleepers are now concentrated in capital cities, particularly Sydney and Melbourne.²³

According to the AIHW, 47 per cent of rough sleepers reported having mental health issues, compared with 34 per cent of other SHS clients. One of the big challenges is that people sleeping on the street are typically moved on or temporarily housed in the outer suburbs and are generally disconnected from the basic services they rely on, including health care.²⁴

²¹ Council to Homeless Persons, *Facts about homelessness* (2019). Available at <www.chp.org.au/homelessness/>

²² Australian Institute of Health and Welfare, *Sleeping rough: a profile of Specialist Homelessness Services clients* (2018). Available at <<https://www.aihw.gov.au/reports/homelessness-services/sleeping-rough-profile-shs-clients/contents/summary>>

²³ Ibid.

²⁴ De Lacy, S., *Why Homelessness Means a Shorter Life and What Night Nurses are Doing to Help* (2018). Available at <<https://streetsmartaustralia.org/why-homelessness-means-a-shorter-life-and-what-night-nurses-are-doing-to-help/>>

Melbourne Street To Home

To Melbourne's most vulnerable rough sleepers Melbourne Street to Home provides housing support, advice, long-term case management and ongoing tenancy support.

Melbourne Street to Home works with rough sleepers who have extremely complex physical and mental health needs. Without a stable home, it is difficult for people sleeping rough to access health care, especially 'primary care' such as a nurse or health centre. This can have serious implications and increase the risk of premature death for people experiencing long-term homelessness.

Rough sleepers who are part of this program have experienced long term homelessness and need extra support to acquire housing and sustain their tenancy. The program is a partnership between Launch Housing, Bolton Clarke's Homeless Person's Program, The Salvation Army Adult Services and The Salvation Army Crisis Services.

An evaluation of the program in 2015 showed that, after 24 months, 70 per cent of Street to Home clients were housed and 80 per cent of them had been housed for one year or longer. Amongst those on an adult pathway the success rate was 79 per cent, whereas the success rate was 62 per cent amongst those on a youth pathway.²⁵

Family violence

Family and Domestic Violence (FDV) is one of the typical pathways into homelessness for Australian women and children, rising on average 9 per cent each year²⁶ and remains the primary factor in women and their children seeking Salvation Army homelessness services. From 2 December 2019 to 10 January 2020, a Salvation Army homelessness research project interviewed 292 respondents and identified:²⁷

- 49 per cent of single parents were homeless due to family and/or domestic violence.
- 23 per cent of respondents identified family and/or domestic violence as a reason for contributing to homelessness.

"[I] was experiencing family violence, then was abandoned by perpetrator leaving me homeless and on the street with 3 kids and no job. One minute all good, next minute homeless" (female, 38 years old)

²⁵ Johnson, G. and Chamberlain, C. *Evaluation of the Melbourne Street to Home program: 24-month outcomes* (2015), RMIT University, Melbourne, accessed 6 June 2016

²⁶ Australian Institute of Health and Welfare (AIHW). "Clients who have experienced domestic and family violence", *Specialist homelessness services annual report 2017-18* (2019). Available at <<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/clients-who-have-experienced-domestic-and-family-violence>>

²⁷ The Salvation Army Australia., "Initial Findings: The Salvation Army's Specialist Homelessness Services" (2020).

The Salvation Army's 2018 *Economic and Social Impact Survey* Report found that family violence remained the main reason that people moved house. A quarter of respondents had relocated in the past year and 59 per cent of households with children changed schools due to family violence, creating further isolation, disconnection and hardship for families.²⁸ During 2018-19 more than 150 Salvation Army staff assisted some 9,204 women including 3,739 children experiencing family violence across Australia.

The Salvation Army offers a range of specialist FDV services including crisis and emergency accommodation, transitional housing, and housing support. We also provide services that challenge men to take responsibility for their actions through men's family violence prevention and behaviour change programs. The Salvation Army's men's family violence prevention programs currently provide services to over 1,000 men nationally.

Our specialist family violence services also partner with services such as the police, financial counsellors and courts to offer individualised support to women and their children, addressing risk and safety while planning for recovery.

Opportunities for early intervention and prevention of homelessness

Domestic and family violence is a long standing, complex social issue. Whilst public awareness of the issue has increased, a greater evidence base in terms of what works in violence prevention is necessary to prevent homelessness.

This evidence must include investment in early intervention approaches that work with vulnerable families. Resources should be made available for a national roll out of the Alexis Program, a family violence response model in Victoria that embeds family violence specialists with police, which has been shown to reduce recidivism by up to 85 per cent.²⁹

The continued expansion of investment in technology and ongoing support of the Keep Women Safe in their Homes program, which is funded by the Australian Government, needs to remain a priority to not only prevent homelessness but maintain employment and the physical and emotional health and safety for women and their children experiencing family violence.

²⁸ The Salvation Army, *Feeling the Pinch: National Economic and Social Impact Survey 2018* (2018). Available at <https://www.salvationarmy.org.au/subscribe/sites/auessalvos/files/ESIS_2018_Main_Report.pdf>

The Economic and Social Impact Survey was completed by 1,267 respondents who had accessed services from one of 281 Salvation Army Relief and Community Support Centres nationally.

²⁹ Harris, L., Powell, A. and Hamilton, G., *Alexis – Family Violence Response Model* (2017). Melbourne: School of Global, Urban and Social Studies, RMIT University. Available at <<https://apo.org.au/node/131761>>

Shirley's* story

Shirley* is a timid and shy 40-year-old Aboriginal lady from Western Australia who has been living with bipolar disorder. She was first referred to our program by Lincoln Street Outreach Centre to assist Shirley to feel secure, safe and able to return to her home. Shirley had been in a long-term relationship with Jason* for 13 years but their relationship became critical when Jason's substance use became worse, resulting in escalated violence towards Shirley. Shirley described the abuse as verbal, physical and psychological, which intimidated her, increased her fear and triggered mental health concerns that she normally manages well on a daily basis. Jason had made threats of harm against Sharon, other people she knows and even her pet dog.

Following an incident where Jason punched Sharon in the mouth, terrorised her and allegedly harmed her dog, Shirley was granted a 24-hour Violence Restraining Order (VRO) against Jason. This incident forced Shirley to leave her home of 16 years to stay at her neighbour's home out of fear that Jason would return. Shirley was hesitant as she did not want to leave her home but felt she had no choice due to feeling unsafe in her home.

Our Protective Group assessed Shirley's property and recommended that the following upgrades be made to the home for Shirley to return:

- Front door to be re-keyed
- Rear door to be re-keyed
- Sensor light to be installed to existing light at front
- Sensor light to be installed to existing light at rear
- Window - supply and install a security grill to front lounge window

Once the upgrades had been completed, Shirley was able to return safely to her home as she felt more secure that Jason could no longer enter the home with his house keys.

** name changed*

Fiona's* story

Fiona is an 80-year-old woman living with her 48-year-old daughter. Both mother and daughter are fearful of the perpetrator, who is Fiona's 57-year-old son. The perpetrator has a long history of mental illness and substance abuse which plays a big part in his behaviour. Recently, the perpetrator was evicted from his home and from a homeless shelter and turned up at Fiona's house banging on her front door, yelling and screaming profanities at both occupants. Following numerous incidents of a similar nature of verbal aggression, Fiona contacted the police and was granted an Intervention Order.

The perpetrator has also tried to evict Fiona from her own property by accusing her of being ill of dementia with an attempt to gain power of attorney over the property and to cast Fiona and her daughter out. Fiona has experienced violence from the perpetrator for years and continues to fear him attending the property at any time of night or day. Fiona suffers from PTSD and agoraphobia.

Fiona was referred to the Safer in the Home (**SITH**) program by the Lincoln Street Outreach Centre. The main goal of SITH was to make sure that Fiona feels safe inside her own property. The following upgrades were made to ensure more security and safety for herself and her daughter:

- Padlock provided for the letterbox
- Key made for the current garage door lockset or change
- Key made for the current front door lockset or change

* *name changed*

Safer in the Home

Living free from violence is everyone's right

What is the Safer in the Home program

The Safer in the Home (SITH) program is designed to help women and children experiencing family violence to stay safely in their family homes or their homes of choice. The program recognises that it should always be the women's right to remain at their homes and not to have to uproot from their lives, and for their children to be able to remain at schools, with their friends and in their neighbourhood. The program aims to minimise the social and economic consequences of escaping family violence, such as homelessness, disconnection from community, unemployment and disruption to children's schooling that may be caused by being forced to leave the family home.

Who can use Safer in the Home program

SITH is available to any woman living in Australia who is experiencing low risk family violence and wants to remain in their homes after separation from their abuser.

This includes women with or without children.

The service is confidential, free and sensitive to the needs of women from all cultural backgrounds and communities. The program may also be a more appropriate choice for Aboriginal women who want to stay connected to their family and land, women with disabilities with their houses previously upgraded to meet their needs and for women from culturally and linguistically diverse backgrounds wishing to stay in their communities.

What can Safer in the Home provide

Safer in the Home is designed to provide specialist support as well as basic security upgrades to homes. This could be as simple as changing locks, installing security or sensor lights or improving external visibility through trimming trees, bushes and scanning mobile phones for potential security breaches.

A comprehensive property assessment can also be provided for all cases.

While perpetrator programs are part of the prevention picture, as is access to men's referral services and behavioural change programs, there remains limited research into perpetrators of domestic violence in Australia. Studies require larger populations and program comparisons over time, to better understand how best to develop sound preventative programs. This work must include evaluation of programs that move perpetrators out of their home, as avoiding homelessness in these circumstances requires additional financial support for the victim-survivor and the children due to loss of income to meet rent or mortgage repayments.

Housing is critical for survivors of domestic violence. The critical shortage of crisis accommodation for women escaping family violence and those who are homeless or at risk needs to be addressed. As the demand for long-term affordable housing is not being met nationally, there is inadequate stock of exit housing (whether through social housing or increased access to private rental assistance initiatives) for families who have left their homes.

Costs associated with leaving the family home are substantial. Increased funding and access to brokerage funds and adequate income support rates and crisis payments will avoid trapping women and children escaping family violence in a cycle of poverty and homelessness.³⁰ Women on temporary visas are particularly vulnerable to homelessness. With limited and inconsistent access to income support, health and other social services, for many in this cohort securing longer-term safe accommodation is not an option. Without income or employment many women on temporary visas and their children are turned away from crisis refuges or remain in violent relationships.

Tanya's* Story*

Tanya is 32 years old with a 2-year-old daughter and a 5-year-old son. The perpetrator had threatened to kill Tanya and her family if she left him, isolating her from family and friends.

Tanya was employed full-time prior to leaving the perpetrator but had to leave her job as he was stalking her at work and threatening other employees. She also lost access to childcare, which had been provided by her parents, as she and the children were no longer safe at her parent's home. Tanya was being financially abused by the perpetrator, has sustained trauma and PTSD from her experience with family violence and both Tanya and her son require counselling.

Due to competition for limited housing in her Victorian country town, Tanya couch-surfed with her children out of area and interstate while searching for housing. While working with Tanya on her housing, only five properties have been within her affordability, but there has been very high competition for these resulting in Tanya missing out.

Tanya and her children have become isolated from family, friends and school. Tanya and her children's social connection, development and mental health suffer.

** name changed*

³⁰ Note, although the Coronavirus Supplement substantially increases income support in the short term, the self-isolation, absence of social contact, closure of schools, shut down of non-essential services and the general environment of fear and anxiety markedly increase the vulnerability of women and children to family violence at this time.

The high number of single parents with children requiring Salvation Army assistance is of ongoing concern as exposure to family and domestic violence increases children's long-term risk of mental health issues, behavioural and learning difficulties and placements into out-of-home care.³¹

Although the Australian Government funds homelessness support through National Partnership Agreements with state and territory governments, funding for children's specialists is not specified and insufficient for them to be embedded in family violence services. Future investment and research³² into integrated family violence, child and family and perpetrator services will improve support for parent-child relationships and children exposed to family violence.

Young people

The Salvation Army has extensive experience working with young people through its dedicated homelessness, life skills, education and vocation, drug and alcohol, family mediation and case management services.

Often it is circumstances out of a young person's control that leaves them struggling to keep up or without a safe place to call home. These circumstances may include:

- Conflict or family breakdown
- Sexual, physical and emotional abuse in the home
- Lack of access to employment opportunities or insufficient income to pay rent and living costs
- Rising housing costs and the unaffordability of the rental market
- Difficulties in accessing Youth Allowance and other support payments
- Lack of support when in, or moving from, state care
- Drug and alcohol issues
- Mental health issues
- Overcrowded living conditions
- The death of a parent

To address youth homelessness, intensive responses for young people are required before they become homeless.

³¹ Australian Institute of Health and Welfare (AIHW). "Clients who have experienced domestic and family violence", *Specialist homelessness services annual report 2017-18* (2019). Available at <<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/clients-who-have-experienced-domestic-and-family-violence>>

³² Available at <https://www.audit.vic.gov.au/sites/default/files/2020-05/20200527-Support-Safety-Hubs-report_0.pdf>

Flexible and creative housing and support models can be responsive to the varying needs, choices and preferences required by young people. As with those who have the benefit of supportive home lives, young people who have experienced various types of disadvantage, trauma and relationship breakdown require an investment of time, care and support to learn the life-skills required to successfully sustain housing, live with others and integrate into healthy communities. Such support may be required for some years, with step up/step down service models adaptive to the learning and developmental needs of young people. One size does not fit all.

The provision of appropriate education and training for at-risk young people when combined with tailored, coordinated, wrap-around support across housing, youth justice, out-of-home-care and mental health, will ensure the unique needs of each young person can be met and will break the cycle of homelessness for many.

Housing responses that keep families together can also break the cycle. However, these responses need to be creative and consider:

- Keeping sibling groups together in out-of-home care
- Broader understandings of family relationships (families do not always comprise the more conventional mother, father and blood siblings)
- Increased housing and support options that are responsive to the unique needs of each individual and familial context.

Income support regulations also presume that a person is dependent on their family until age 25. The high age of independence is one of the most fundamental flaws in the youth income support system. For young people who have experienced parental violence in the home, requirements for parents to sign forms can be a barrier to applying for the payment. Subjective safety assessments can also make it difficult for a young person to be classified as independent.

Janice's* Story

I am 17 years old. I moved out from my mum's house when she got a new partner and I began to feel unsafe at home.

I live in a caravan park in a small town in country Victoria and pay \$180 per week. I receive Youth Allowance of \$440 per fortnight and there are no houses in my affordability range.

My caravan leaks and the power shorts out up to 4-times every night. There is a lot of violence in the caravan park, my mattress is damp and there is a hole in the roof that leaks when there is heavy rain. I also feel unsafe here too, but don't have any choices, no other family, no youth supported accommodation. But at least I'm away from my mum's partner who perpetrates family violence against her and I.

After paying the rent I have \$80 left for the fortnight to live on. I access The Salvation Army on a Wednesday night to get a free dinner. I've lost weight and my health is poor.

I go to school and I am teased because I have poor hygiene.

The facilities at the local caravan park are dirty and poorly lit. There are no locks on the doors, so I don't feel safe using them as there are older males frequenting the facilities.

I have a housing support worker from The Salvation Army who helps me with a variety of essential items, food, water, blankets and checks on me most days. She also takes me to the local YMCA for a shower then runs me to school. I know they are doing all they can to help me, but it comes down to affordability...

"In winter I'm freezing and in summer I'm too hot. I'd do anything to feel safe, stable and could focus on my school as much as I would like to, with a bathroom, warmth, good lighting, cooking facilities and a desk".

Every day is a battle with my mind to just give up...I don't want handouts, but I'd love a place to call home.

** name changed*

Children

On census night 2011, 17,845 children under twelve were counted homeless and 402 of them were sleeping rough. Children under the age of 18 made up 27 per cent of people experiencing homelessness (of this figure 16 per cent were aged 0-10).³³

More recently, in 2017-18, roughly one in every six people accessing Specialist Homeless Services were under ten years old (17 per cent or more than 47,700 clients).³⁴ Similarly, The Salvation Army has observed a significant increase in children accessing our services over time. In 2018-19 a fifth (20 per cent) of all support periods were for children under ten.

Homelessness can affect children in many ways. For a homeless child, it can become increasingly difficult to stay engaged in education, with the increased likelihood of developing academic and learning delays, absenteeism or leaving school early. They also tend to experience emotional isolation and difficulty relating to their peers, along with difficulties making and keeping friends. Most importantly, experiencing homelessness has an impact on both the physical and mental health of children.³⁵

Aboriginal and Torres Islander people

It is now well established that there are strong historic and contemporary reasons that help explain Aboriginal and Torres Strait Islander people's disadvantage and their over-representation in the homeless population.

Aboriginal and Torres Strait Islander peoples are more likely to experience poor health related to poverty, diet and substance misuse, factors that contribute to the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and other Australians. Overcrowding, for instance, limits a household's ability to access basic household amenities that are important in maintaining a healthy living environment (e.g. washing, laundry, hygienic storage and preparation of food).

According to the 2016 Australian census, approximately 3 per cent of Australians identify as Aboriginal and/or Torres Strait Islander, while this group make up a disproportionate 20 per cent of people experiencing homelessness. In 2017-18, Aboriginal and Torres Strait Islander peoples continued to be over-represented among Specialist Homelessness Services clients with 25 per cent of clients (or almost 65,200 people) who provided information on their indigenous status identified as being of Aboriginal and/or Torres Strait Islander descent.

³³ Homelessness Australia, *Homelessness and Children* (2016). Available at <www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_Children.pdf>

³⁴ Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2017-18* (2019). Available at <www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/clients-services-and-outcomes>

³⁵ Homelessness Australia, *Homelessness and Children* (2016).

It is also reported that of all the Aboriginal and Torres Strait Islander clients who received services in 2017-18, 22 per cent (or 14,500 people) were children aged under ten, compared with 15 per cent (or around 28,200) of non-Indigenous clients. This data is consistent with family and domestic violence being the main reason for homelessness among Aboriginal and Torres Strait Islander peoples.

Client data from The Salvation Army's FDV services across Australia also demonstrates that high levels of Aboriginal and Torres Strait Islander women and children are seeking support and accommodation services. For example, 88 per cent of clients who received services from our FDV service in Karratha and 63 per cent of those attending in Darwin identified as Aboriginal and/or Torres Strait Islander in 2018-19. Unfortunately, some 945 individuals (of all FDV presentations) in Karratha and a further 166 in Darwin had to be turned away due to a lack of service capacity – in particular, emergency accommodation options.³⁶

³⁶The Salvation Army, "Family Violence Stream - Client data 2018-19" (2020)

Katherine Doorways Hub

The Katherine Doorways Hub ('The Hub') is an innovative drop-in centre giving marginalised people a chance to connect with the mainstream community. The drop-in centre and community space established by The Salvation Army and Harley Dannatt in 2017. The Hub is a drop-in centre and community space supporting people who are experiencing homelessness, or at-risk of homelessness, or are "rough sleepers". The Hub is an inclusive, safe community space, where our most vulnerable people access amenities, dignity services, and activities that contribute to psychosocial wellbeing. It also embeds collaborative and integrated support services with service providers in the Katherine region.

The Hub provides a safe space for clients to seek respite, shelter, food, hot and cold drinks, sanitary products, and access dignity services, such as showers, washing machines and dryers. It's also a space where our clients have access to in-reach support services responding to their needs. We respond to our participants' needs by providing them short-term support and by directing referrals to The Hub Support's case management team or to appropriate services in the region, including legal, medical, mental health, Centrelink, family, and other social supports, that can also be accessed at the Hub.

Under the same roof, The Salvation Army's Doorways emergency relief runs from the drop-in centre every Tuesdays and Thursdays from 9am to 12pm. The Beacon operates 50-cent breakfasts (toast, cereal, tea and/or coffee) and free lunch (soup provided by Katherine Hospital catering).

Katherine and "outback" NT have retained the unwanted title of having the worst homelessness rate in Australia. The community has 31 times the national rate of homelessness. In response to this critical situation, The Salvation Army has collected data of people who are sleeping rough to scope the reason for being in Katherine, the number of years experiencing homelessness, and the number of years on the waiting list for housing. Data showed that 95 per cent of people came to Katherine to attend hospital visits, but had no accommodation to stay in, and thus, sleeping rough.

Of those attending The Hub, 94 per cent reported being homeless with a third of these being in Katherine to attend medical appointments. In contrast to Darwin, where there has been an effective policy response through the provision of short-term accommodation for community members visiting for the purposes of medical appointments, family visitations and other cultural reasons, there has been no such response for Katherine. It is important to note that in the Northern Territory there is an estimated 8,000 to 12,000 shortfall of social and affordable houses.

Based on the success of Katherine Hub model, the Northern Territory Government is supporting rough sleepers with the establishment of the Better Pathways Centre in Darwin.

Mental ill-health

Suitable housing (housing that is secure, affordable, of reasonable quality and of enduring tenure) is particularly important in preventing mental ill-health and a first step in promoting long-term recovery for people experiencing mental illness.³⁷ Unfortunately, around 16 per cent of people with mental illness live in unsuitable accommodation (homelessness, overcrowding, at risk of eviction, substandard quality).³⁸ People living with mental health issues are more likely to experience homelessness compared to all SHS clients. Those with severe mental illness are more likely to experience higher housing stress and live in unstable housing compared to all people with a mental health issue.³⁹

Our data shows that, in 2018-19, 38 per cent of clients who presented to The Salvation Army's Specialist Homelessness Services were dealing with mental health issues.⁴⁰

Salvation Army Housing, like other community support organisations, has experienced difficulties with referring tenants to the National Disability Insurance Scheme (NDIS) for assistance. The Salvation Army often attends to clients who not only experience homelessness, but present with a complex range of factors of disadvantage. These situations frequently lead to a client facing both homelessness and experiencing a mental health condition. The case studies provided by our homelessness service teams in Victoria, highlighted several significant gaps in the Victorian mental health system, which can be summarised as follows:

- There is a lack of specific transitional accommodation for single people with mental health conditions that have mental health supports in place.
- There are limitations on the ability and capacity of Crisis Assessment and Treatment Team (CATT) to outreach and respond to issues of complex mental health in the community, particularly for people experiencing a mental health condition who are also homeless.
- Further training is required around dual diagnosis and co-occurring. Information also needs to be developed and available across multiple sectors for better practice in managing complex situations like this.⁴¹

Contrary to a widely held belief that most homeless people have mental health issues and that mental illness is a primary cause of homelessness, the evidence shows that while a mental health episode can plunge someone into homelessness, the isolation and trauma often associated with rough sleeping can also precipitate mental illness. A study conducted in 2011 on a population of 4,291 homeless people in Melbourne found that 16 per cent had developed a mental illness since experiencing homelessness, particularly anxiety and depression.

³⁷ Productivity Commission, *Mental Health, Draft Report* (2019). <<https://www.pc.gov.au/inquiries/current/mental-health/draft>>

³⁸ Ibid

³⁹ Smith, J., *Introduction; Mental Health, Disability and Homelessness* (2018). Available at <www.chp.org.au/mental-health-disability-and-homelessness/>

⁴⁰ The Salvation Army Australia., "Initial Findings: The Salvation Army's Specialist Homelessness Services" (2020).

⁴¹ The Salvation Army, *Royal Commission into Victoria's Mental Health System* (2019). Retrieved from <https://s3.ap-southeast-2.amazonaws.com/hdp.au.prod.app.vic-rcvmhs.files/2315/6688/7201/The_Salvation_Army.pdf>

The Salvation Army's work in homeless and mental health

The Salvation Army operates several different services across Victoria, and Australia more broadly – including services for people struggling with housing and homelessness issues, family violence, substance use disorders or a financial matter. Of the thousands of clients, we help to find a safe home or a hot meal, to sleep in warmth or to help pay a bill, the majority (59 per cent) believe that their ongoing mental health and emotional wellbeing is their greatest challenge on a day-to-day basis. In the 2018-19 financial year The Salvation Army served over 5,500 clients in Victoria who experienced a mental health condition.

In particular, the Salvation Army operates a wide network of homelessness services throughout Australia. In 2018-19, The Salvation Army supported almost 46,00 people and provided more than 470,100 beds to those in need.⁴² Throughout the 2015-16 financial year, The Salvation Army has also conducted research into the relationship between homelessness and mental health with the most pertinent evidence coming from Western Australia. The data gathered indicated that:

- 52.8 per cent of clients had a mental health or psychosocial condition.
- The average number of co-occurring conditions per client was 4.
- 21 different conditions were identified, with two clients assessed with 15 different conditions each.

Women aged over 55

According to the Australian Human Rights Commission, the number of older homeless women in Australia increased by over 30 per cent between 2011 and 2016 to nearly 7,000 women. More precisely, the 2016 census estimated that 6,866 older women were homeless and a further 5,820 older women were living in marginal housing and may have been at risk of homelessness.⁴³ However, only limited resources are available for older women who are renting, working and have modest incomes.

Women experiencing homelessness typically stay with friends or family, live in their car or in severely crowded dwellings, or are physically 'hiding'. Often older women are experiencing homelessness for the first time at this later stage and may still be working or seeking work.⁴⁴

⁴² The Salvation Army, *Annual Report 2019 (2020)*. Available at <<https://www.salvationarmy.org.au/subscribe/sites/auesalvos/files/2019-Annual-Report%5B1%5D.pdf>>

⁴³ Australian Human Rights Commission, *Older Women's Risk of Homelessness: Background Paper (2019)*. Available at <https://www.humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf>

⁴⁴ Ibid

The population of women aged 55 and over in Australia was 2.9 million in 2012 with that number expected to rise to 6 million in 2050.⁴⁵ This segment of the population is at a greater risk of financial and housing insecurity than older men due to several compounding and systematic factors.

Women in this older age group today did not benefit from compulsory superannuation at the beginning of their working lives, they were more likely to have been paid at a lower rate than their male counterparts and were likely to have taken time out of paid workforce to have children and fulfil caring roles. In 1950 the basic wage for females was set at 75 per cent of the basic wage for males. Additionally, a significant number of women in the cohort currently aged over 70 were required to resign their paid employment upon marriage. Many women now aged over 60 were also either required or expected to leave paid work when they became pregnant.⁴⁶

It is the view of The Salvation Army that the Australian Government should consider expanding support mechanisms, including additional funding, to facilitate the identification of women over 55 who are at risk of homelessness. These mechanisms must include prevention and early intervention programs with tailored case management services such as the Home Connect program.

Refugees and Temporary Migrants

Permanent and temporary migrants face unique social protection challenges.

Refugees

Refugees, or humanitarian entrants, are eligible for government-funded settlement programs, but many still experience barriers to accessing sustainable employment and housing.⁴⁷ One study identified the following experiences amongst young newly arrived refugees:

The study found that a key driver for homelessness was family breakdown after a build-up of tension over living in overcrowded housing and moving constantly. Over the last year, The Salvation Army has provided housing assistance for over 200 humanitarian entrants⁴⁸ and has observed similar trends amongst our own service users. The case study below demonstrates just how vulnerable newly arrived refugees are; the numerous obstacles they face; and the need for greater support to ensure they do not continue to experience the suffering they fled.

⁴⁵ Ibid

⁴⁶ Mercy Foundation, *Retiring into Poverty: A National Plan for Change: Increasing Housing Security for Older Women* (2018). Available at <www.mercyfoundation.com.au/wp-content/uploads/2018/08/Retiring-into-Poverty-National-Plan-for-Change-Increasing-Housing-Security-for-Older-Women-23-August-2018.pdf>

⁴⁷ Couch, J., "Neither here nor there": Refugee young people and homelessness in Australia" (2017), *Children and Youth Services Review* 74, 1–7. Available at <<https://www.sciencedirect.com/sdfe/pdf/download/eid/1-s2.0-S0190740916304583/first-page-pdf>>

⁴⁸ Data specific to Western Australia, Northern Territory and Victoria.

Faith's Story*

Faith, a refugee from Sierra Leone, came to Australia in 2004 after fleeing the civil war in 1996. At that time, she was separated from her family; her husband and father were killed, and her mother and three children fled into the bush. Her mother passed away in 2009 and, as of 2018, her children and grandchildren remained in a refugee camp. Since coming to Australia, Faith has attempted to build a life and send money to her children when she can.

Unfortunately, Faith has experienced homelessness on and off since 2004.

After several difficult years in Sydney, she moved to Canberra in 2017, but with no place to live, Faith was on the street. She was soon admitted to hospital, for four weeks, and underwent two surgeries to remove cysts from her stomach.

She managed to rent a room but was forced back onto the street due to landlord misconduct. She was able to stay at a local women's refuge for four months and then returned to the street. She then secured a private room, but was assaulted by the landlord repeatedly, which raised past trauma from war and the refugee camps.

It was at this point that Faith approached The Salvation Army. Salvos Doorways Program assisted Faith to secure temporary accommodation with a local homelessness service provider and subsequently public housing. Incredibly, Faith was assaulted yet again, by a neighbour, and had to relocate once more to feel safe. The Salvation Army provided moving assistance and storage until she could find a new residence. Faith also received trauma counselling and skills development to help her build the confidence to move forward and achieve her goals. Ultimately, she secured housing; however, her family remains in Africa.

Confirming Faith's experience, The Salvation Army's Specialist Homelessness Services Survey found that providing greater support for family relationships and for refugees would be a key step to prevent homelessness. According to one participant:

"Better services that streamline immigration. Come [sic] to Australia and was expected to fend for myself mostly. More help with getting a job or education pathway (from beginning)" (Male, 32 years old).

* name changed

Temporary migrants

Temporary migrants, including asylum seekers and skilled or semi-skilled workers, face well-documented challenges⁴⁹ in the labour market that may push people into insecure living arrangements. Many temporary migrants have limited English language proficiency, awareness of rights, and independent support networks, making them vulnerable to financial exploitation and resulting problems.⁵⁰ The Salvation Army has observed these factors in the course of providing housing assistance to over 500 temporary migrants in the last 12 months alone.

Migrant Workers

Migrant workers, reliant on their employer for housing, face unique vulnerabilities as this reliance (and the lack of alternatives available to workers) has been shown to be a powerful lever to maintain workers in exploitation, possibly amounting to modern slavery.⁵¹ Largely ineligible for government-funded social integration programs, migrant workers' only connection is often their employer, which both marginalises workers and creates housing vulnerabilities, as shown in Faith's story above.

For individuals who have experienced exploitation and/or modern slavery, there remain few options for safe and affordable housing. In the last twelve months, The Salvation Army has assisted 22 individuals on temporary visas, including 18 who experienced criminal labour exploitation and four experiencing forced marriage. Thirteen of these spent some time on the Australian Government's Support for Trafficked People Program (STPP) during the year.

⁴⁹ International Labor Organisation. *Global Estimates of Migrant Workers and Migrant Domestic Workers. Results and methodology.* Geneva: ILO, 2015; Productivity Commission, *Workplace Relations Framework: Productivity Commission Inquiry Report No 76* (30 November 2015).

⁵⁰ *Ibid.*

⁵¹ Productivity Commission, 2015, pp 920-925;

See also The Salvation Army, *Submission (#178) to the Inquiry into Corporate Avoidance of the Fair Work Act* (2016). Available <<https://www.aph.gov.au/DocumentStore.ashx?id=81ce6ae1-29d6-459b-8af4-89e4d32a8b68&subId=463455>>

Victims of Modern Slavery

The Salvation Army founded and has continued to operate Australia's only dedicated refuge for survivors of modern slavery since 2008. Whilst the service provides crisis and transitional accommodation for some clients who are on the government's Support for Trafficked People Program (STPP), it supports several individuals who are unable to access the STPP due to fear of retaliation, fear and mistrust of police, and poor mental health. The service also supports men, women and young people in the community who may be at risk of, but not yet victims of crime, and are thus ineligible for government support. The service also supports STPP clients who have been exited prematurely from the program by the Australian Federal Police.

The narrow scope of eligibility for the STPP, as well as limited general funding for housing for recognised victims of trafficking and slavery, means that many vulnerable people do not have ready access to safe and affordable housing. In turn, this necessitates a safety net, provided by organisations like The Salvation Army, for the many individuals who have been subjected to slavery-like conditions, but who are unable to access support for reasons beyond their control.

Asylum seekers

Asylum seekers face similar conditions. The government's cuts to the Status Resolution Support Service (SRSS), including support for those who are actively job hunting, means that asylum seekers, who face the same difficulties as humanitarian entrants in accessing sustained employment and housing, are facing increased risk of homelessness. The Asylum Seeker Resource Centre reported that the organisation paid rent for 348 people through its Rent Assistance Program in 2018, compared to 96 people over the 2016 financial year.⁵²

Whilst The Salvation Army understands the government's desire to get "work-ready" asylum seekers into employment, this is simply not possible for many due to limited English, limited professional networks, unrecognised credentials from overseas, and the compounding barriers of discrimination and racism.

The Salvation Army submits that Australia's national discussion on homelessness and social inclusion has largely excluded these groups, which has compounded insecurity and marginalised large numbers of people who are making meaningful contributions to Australian society and the economy. In turn, it has placed significant burden on the charity sector to provide a safety net.

⁵² Michael, L., 'SRSS cuts leaving people homeless' (2019), *Pro Bono Australia*, 23 April 2019. Available at <<https://probonoaustralia.com.au/news/2019/04/srss-cuts-leaving-people-homeless/>>

Impacts of COVID-19

The global pandemic has exacerbated the problems discussed above. A recent national consultation⁵³ with refugee service providers found that the hardest hit group within refugee communities are people on a Bridging Visa (BV), Temporary Protection Visa (TPV) or Safe Haven Enterprise Visa (SHEV), the elderly, and members of the LGBTIQ refugee community. Other pertinent issues raised included “inadequate level of support for refugees with a disability, importance of in-language centralised information on COVID-19 and a showcase of strengths in times of crisis”. The consultation also raised factors that have significantly hampered the psychological safety, livelihood and protection for many groups in the refugee community. Community members insisted on equity and leaving no one behind, as COVID-19 is a collective fight.

For temporary workers, The Salvation Army has provided support in seven recorded instances of Pacific workers stranded in Australia as a result of their countries borders closing. With no work, many have exhausted their savings until they could be redeployed or return home. For some, their employers were covering accommodations costs on condition of repayment, thus putting workers in debt to their employers. Knowing the existing risks for exploitation on sponsored visa programs, The Salvation Army is concerned that workers are being put in precarious and vulnerable positions on government work programs.

Similarly, COVID-19 has made conditions worse for some survivors of modern slavery. Residents of The Salvation Army Trafficking and Slavery Safe House who were gainfully employed have now lost those jobs and now rely entirely on The Salvation Army to cover their rent and living expenses. Like many others, they face extreme uncertainty about how and when they will be able to re-enter work and thus, have no exit pathway to successful independence. This means the Safe House may have to turn away future clients in crisis because residents who would normally be prepared for independent living must remain until they have financial security.

Additionally, non-residential clients are having to live off annual leave payments and superannuation to cover their rent, which could create future financial insecurity and cause them to return to the service for further support.

⁵³ National Refugee-Led Advisory and Advocacy Group, *Leaving Nobody Behind: COVID-19 National Refugee Community Consultation Outcomes Report May 2020 (2020)*. Available at <<https://jimdo-storage.global.ssl.fastly.net/file/e032bb74-5121-4440-8861-f6755833b14c/NRAAG%20National%20Consultation%20Outcomes%20Report.pdf>>

More generally, The Salvation Army has observed that, whilst overall demand for emergency relief has decreased amongst people eligible for government-funded income support, there has been an increase amongst those groups who are currently excluded from the JobSeeker Payment and JobKeeper Payment. For instance, services across WA, NT and Victoria have noted increased requests for housing assistance amongst persons on Temporary Protection Visas and Bridging Visas, as well as migrant, skilled and sponsored workers, and international students. Services across the country have also noted increased demand for emergency relief amongst migrant workers and international students.

Veterans

What emerged from an investigation commissioned by the Australian Government Department of Veterans' Affairs (DVA) to the AIHW is that between 1 July 2011 and 30 June 2017, 1,215 contemporary ex-serving Australian Defence Force (ADF) members used Specialist Homelessness Services, representing 1.1 per cent of the contemporary ex-serving ADF population (those who have at least 1 day of service on or after 1 January 2001 who were discharged after that date).⁵⁴

According to recent research published in May 2019, almost 5,800 veterans experienced homelessness in a twelve-month period.⁵⁵ To date, this study provides the best estimate of veteran homelessness in Australia. It is based on a reliable data source and is consistent with findings from other data sources. However, for several reasons, this estimate is likely to be an undercount, and the true extent of homelessness amongst the veteran population may be substantially higher than this figure. In fact, veterans who are homeless or at risk of homelessness are reluctant to access support services, especially mainstream homelessness services.⁵⁶

Veterans who had experienced homelessness were more likely to report higher levels of psychological distress and post-traumatic stress symptoms, less contact with family and friends, lower levels of satisfaction with partner and children, engaging in risky behaviours, smoking and use of recreational drugs, arrest or conviction for a crime and a greater number of lifetime traumatic events.⁵⁷

⁵⁴ Australian Institute of Health and Welfare, *Use of homelessness services by contemporary ex-serving Australian Defence Force members 2011–17: summary report* (2019). Available at <www.aihw.gov.au/reports/veterans/homelessness-services-ex-serving-adf-11-17-summary/contents/summary>

⁵⁵ Hilferty, F., Katz, I., Van Hooff, M., Lawrence-Wood, E., Zmudzki, F., Searle, A., and Evans, G., *Homelessness amongst Australian contemporary veterans: using the Specialist Homelessness Services Collection to examine veteran homelessness* (2019). Available at <www.ahuri.edu.au/__data/assets/pdf_file/0026/46583/AHURI-Report_Homelessness-Amongst-Australian-contemporary-veterans_SHS-Collection.pdf>

⁵⁶ Ibid

⁵⁷ Ibid

Veterans experiencing homelessness have diverse service needs that require similarly diverse service responses across multiple policy areas. These can be summarised as follows:

- Early intervention responses.
- Active face-to-face case management and ongoing, wrap-around support services.
- Gaining a suitable home is the core service need of homeless veterans.
- Multiple services are required to meet the varied needs of homeless veterans (for example, mental health services, drug and alcohol services, and healthcare services).

The Salvation Army, along with the RSL Queensland, runs the Veteran Support Program, which is a specialised support program that works with veterans and their families to develop skills to overcome barriers and secure and maintain stable, safe and independent housing.

During the period July to December 2019, 32 veterans were supported by the Veteran Support Program to address their housing needs – 29 of these veterans secured housing.⁵⁸

Exiting institutions

Consultations with frontline Salvation Army services show that a significant driver of homelessness is the failure of many of the mainstream institutions in our community to support and manage the transition of people into independent living.

In far too many cases, people being released from hospitals, psychiatric inpatient units, prisons and residential care services find themselves having to seek help from a homelessness program. Where some form of aftercare follow-up does exist, people frequently report that it is too scarce, has insufficient capacity and does not operate for long enough. In every dimension, the lack of appropriate levels of service provision increases the likelihood that a person with increased vulnerability will experience a crisis that leads them back into institutions. Young people who have been unable to successfully complete their secondary education or transition into the labour market are also at high risk of becoming homeless.

⁵⁸ It should be noted that these figures do not include those who continued to work with the Veteran Support Program into 2020 or referrals that were withdrawn by RSL Queensland.

In a profile of the 6,900 clients leaving care seeking Specialist Homelessness Service support in 2017-18, over half (53 per cent) were leaving either a psychiatric hospital (19 per cent), rehabilitation facility (18 per cent) or a hospital (15 per cent).⁵⁹

Two of the three cohorts are particularly vulnerable to experiencing entrenched disadvantage over time if they do not receive adequate supports:

- Young people transitioning from state care
- People leaving prison.

Child protection

Many young people exposed to the child protection system have already experienced significant neglect, abuse or trauma during childhood. Then, on their 18th birthday, their care arrangements terminate. They exit care without the necessary support in place. Young people leaving care face significantly reduced life outcomes compared with their peers who do not have a 'care' history.

Research conducted by the CREATE Foundation found that:

- 35 per cent of care leavers were homeless within the first year of leaving care
- 46 per cent of male care leavers were involved in the juvenile justice system
- 29 per cent of leavers were unemployed⁶⁰

Whilst there are some available services to assist the transition to independence, too many young people are still struggling to cope independently at 18 years after a life in state care.⁶¹ This was a persistent theme raised by numerous clients who shared their lived experience of being homeless with The Salvation Army. In addition to the trauma and despair they experienced through their exposure to homelessness and the inability to achieve long-term housing and other supports, there was a bitter resentment expressed at the injustice of the way they have been treated through the child protection system.

⁵⁹ Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2017–18* (2019). Available at <www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/client-groups-of-interest/clients-leaving-care>

⁶⁰ McDowall, J. J., *CREATE Report Card 2009 - Transitioning from care: Tracking progress* (2009). Sydney: CREATE Foundation.

⁶¹ Home Stretch, *Learn More – The Home Stretch* (2016). Available at <www.thehomestretch.org.au/learnmore/>

Home Stretch

The Salvation Army acknowledges the Victorian Government's investment of \$11.6 million to pilot the Home Stretch program, starting in the first half of 2019 for the next five years. Home Stretch will support approximately 250 (of the nearly 800 young people in care that turn 18 each year) to make a more gradual and supported transition to independent living. Support for young people to transition from care. The program will provide:

- Young people and their kinship and foster carers with the option of the young person remaining with their carer up to the age of 21 years, supported by an allowance.
- Young people leaving residential care with eligibility for an allowance to support housing costs up to 21 years of age.

The program also includes case work support and brokerage provided by a key worker to facilitate the young person's access to education, employment and health and wellbeing supports. The Home Stretch program is based on international and Australian evidence that extending the age of support for young people in care contributes to improved life chances and outcomes.⁶²

The Salvation Army youth homelessness services have added to this experience, reporting that up to 40 per cent of clients attending our services have previously been in out-of-home care, where they 'age-out' when they turn 18. For these young people, they either exit into homelessness or find themselves at very high risk of homelessness over the coming years. Some of the issues that impact these young people include:

- Inability to find affordable rental or social housing due to critical shortages.
- Even if affordable housing can be identified, the availability of adequate support is not sufficient for many young people to maintain their tenancies.
- Inadequacy of Youth Allowance even when supplemented with Commonwealth Rent Assistance.
- The unrealistic expectation that young people are developmentally ready to live independently without support from age 18.
- Absent or minimal relationships with adults that are safe.
- Risk of being 'black-listed' by real estate agents early in their housing careers.
- Poor mental health, low education and compromised employment prospects.
- Lack of support networks.
- Lack of living skills that would otherwise improve prospects to cohabitate with others, get along with neighbours or manage responsibilities associated with successfully managing a tenancy.

⁶² Victorian Department of Health and Human Services, *Home Stretch Factsheet* (2019). Available at <<https://providers.dhhs.vic.gov.au/home-stretch-factsheet-word>>

Significant reforms to the way young people are transitioned from out-of-home care are urgently required in order to reduce the very high proportion that are ending up homeless. Leadership from the Commonwealth could help bring the states and territories together on this issue, particularly in demonstrating better recognition of some of the developmental issues experienced by young people.

Claire's* story

Claire was placed into care by the Department of Child Protection due to neglect, exposure to sexualised behaviour and risk of sexual exploitation. She was originally placed with her grandparents, however was shortly removed due to sexual abuse perpetrated by her grandfather. She experienced multiple care placements before being placed into a department group home at the age of 16. Over the next two years, Claire formed multiple relationships within her peer group and experimented with drugs and alcohol.

At age 18, Claire left care and moved into a Department of Housing unit. Shortly after moving in, Claire found she was expecting her first child. An initial assessment identified limited independent living skills, poor personal hygiene, low self-esteem, undiagnosed mental health and minimal support networks. Shortly after, Claire received a second breach with the Department of Housing due to the poor condition of her unit and the Department of Child Protection became involved due to concerns for her capacity to parent.

Initial work with Claire centred around the develop of independent living skills and increasing social networks. An intensive support plan was put in place that continued to develop her independent living skills and provide pregnancy and parenting support. Claire had been maintaining the property and engaging in the program for a period of 6 months, when the Department of Child Protection closed her case. At the end of the 12-month program, Claire moved into private rental and was provided outreach support focusing on the development of community support networks including community health nurse, parenting support programs, counsellor, financial counselling and social supports.

Claire also engaged with our youth consultation group, recreation and life skills programs and the CREATE Foundation. When Claire's relationship broke down due to domestic and family violence, she was supported to move back into our transitional housing program. Significant improvement was noted in her self-esteem, self-belief and mental health.

Claire then moved into private rental after forming a relationship with another client of our service. Due to health and financial concerns, Claire presented at risk of homelessness and for the third time, Claire (along with her partner) were supported to move back into our transitional housing program. Support was provided to address her partner's health concerns and Claire and her partner moved back into private rental. Three years on, Claire and her partner have two more children, have independently maintained their private rental and Claire has returned to study while her partner works full time.

Significant outcomes were achieved by Claire due to the flexible and creative support offered. Claire was able to address her early childhood trauma, develop independent living skills, increase social supports, build healthy relationships and improve her health and well-being. Claire was also provided parenting support that increased her capacity to provide for her children's psychological, social, physical, emotional and spiritual well-being. In Claire's case several challenges would have been reduced or negated if Claire had had the opportunity to engage with our service at an earlier stage, allowing for prompt and appropriate preparation in the development of care plans and support in leaving care.

* name changed

Exiting custodial settings

A significant number of The Salvation Army's clients have indicated a history of incarceration. While not always resentful about their incarceration, there is a common story of displacement, homelessness, and a lack of hope for permanent housing, employment and a normal life expressed by many.

Growing rates of incarceration are rapidly inflating rates of prisoner discharge – a point at which many are highly vulnerable to homelessness. *The Health of Australia's Prisoners 2018* report showed that 55 per cent of Australian prisoners surveyed said they would be homeless on release from prison.⁶³ This includes two per cent who said they were expecting to sleep rough, 44 per cent who said they would go into crisis accommodation, and eight per cent who said they did not know where they were going to sleep at all. The report also showed that the number of prisoners who experienced homelessness before incarceration rose from 30 per cent in 2015 to 33 per cent in 2018.⁶⁴

⁶³ Australian Institute of Health and Welfare, *The health of Australia's prisoners 2018* (2019). Cat. no. PHE 246. Available at <<https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/contents/table-of-contents>>

⁶⁴ Ibid

Bill's* Story

Bill was referred to a Salvation Army homelessness case coordinator before being discharged from the Royal Melbourne Hospital. Bill's admission was for coronary artery disease and bypass surgery, with co-occurring type-2 diabetes, non-compliance with medication for paranoid schizophrenia and malnutrition resulting from little to no food intake.

The hospital was able to hold Bill's bed for an additional two days prior to release, which allowed the case coordinator to conduct a vulnerability assessment while he was still on the ward. The assessment provided a vulnerability rating which provided evidence of complexity and the interventions required to support Bill effectively. Due to his chronic medical needs, lack of insight into his mental health symptoms, English language barriers and difficulty navigating the service system, Bill was initially discharged into a motel to provide additional time for appropriate service referrals and community linkages to be established before entering a Salvation Army crisis homelessness service.

The collaboration between the hospital and the Salvation Army homelessness service has ensured Bill did not exit hospital into homelessness. It also provided for the establishment of a range of linkages including mental health (outreach visiting fortnightly), medication compliance and housing case management. Previous to these arrangements, Bill was sleeping on the streets and lived a transient lifestyle with no family or friends supporting him.

Bill is currently residing at The Salvation Army's Flagstaff homelessness service, where he has three cooked meals per day, shower and laundry services as well as social support. Bill is also working on obtaining suitable long-term housing with his case manager.

** name changed*

Ending Homelessness – Housing Options

Ending homelessness will only be possible if how people enter the homelessness system and how they achieve independence from it are both addressed. To be effective, social policy parameters must, as much as possible, prevent people falling into homelessness by addressing the drivers of homelessness. This submission discusses how early intervention can work to keep people in safe and secure housing and avoid the additional personal and economic cost of entering the homelessness system.

The second part of the solution is ensuring that the homelessness system is equipped to support and empower people to move out of homelessness. This requires both that homelessness services take a strengths-based and multi-faceted approach and that there are suitable housing options for a person to move through the system. The consequence of insufficient housing options (through social or affordable housing) is that there is no suitable accommodation for a person moving out of emergency or temporary accommodation. This is detrimental to the individual, but it also means that emergency accommodation, often the most expensive mode of accommodation, is over-subscribed. People remain in unstable housing situations for longer than necessary, in turn preventing people who urgently need assistance accessing support.

Social Housing

Access to appropriate, affordable and secure housing is the foundation of any family or individual's engagement in work, education and social relations. It is also the single-most critical exit point from homelessness services. Consistent with Article 25 of the United Nations Declaration of Human Rights, The Salvation Army identifies social housing as an essential safety net in ensuring this right. Therefore, it is vital that any strategy to address homelessness includes a commitment to provide enough homes that are genuinely affordable and appropriate.

Studies have shown that housing in each of Australia's major markets is now severely unaffordable.⁶⁵ This has directly resulted in precarious housing situations that can lead to homelessness. A significant boost in the supply of social and affordable housing, coupled with appropriate case management and support, will make a significant contribution to ending homelessness.

In Australia, social housing is understood as affordable housing provided by either the government or community sector to assist people who are unable to afford or access suitable accommodation in the private rental market. It includes public housing, state owned and managed Indigenous housing (SOMIH), and community housing. Public housing is owned and managed by state and territory governments while community housing is housing that is either

⁶⁵ Raynor, K., Dosen, I. and Otter, C., *Housing affordability in Victoria* (2017). Available at <www.msdl.unimelb.edu.au/__data/assets/pdf_file/0007/2650858/APO-Housing-affordability-in-Victoria.pdf>

owned or managed by not-for-profit community sector organisations, including The Salvation Army.⁶⁶

For many people who come to The Salvation Army for support, social housing plays a vital role in an increasingly unaffordable and insecure housing market. Housing shortages, more households renting, people renting for longer periods and high rents coupled with stagnating incomes all contribute to the growing demand for social housing. Research by Anglicare Australia demonstrates that Australia has a shortfall of 500,000 social and public rentals across Australia.⁶⁷

As emerged from a recent study conducted by the Australian Council of Social Services, social housing is defined as the most effective way to reduce homelessness.⁶⁸ At present, public housing supply has lagged behind housing need for decades in Australia. Australia would need to build 100 public housing dwellings a day for 20 years to provide for the people in the most urgent housing need – typically the bottom two-fifths of income groups.⁶⁹

In its Pre-Budget Submission 2020-21, the Community Housing Industry Association (CHIA) reported that more than half of the low-income households in rental housing – some 1.3 million people, many who are current recipients of Commonwealth Rent Assistance – face housing costs exceeding 30 per cent of their income, leaving them without enough remaining funds for basic essentials like food and clothing.⁷⁰

Further, CHIA described how the private rental market has not supplied dwellings at rents that are affordable to households in the bottom income quintile (that is, \$202 or less per week). While the market has supplied some homes at rates affordable to households in the second bottom quintile (that is, at no more than \$355 per week), the homes are increasingly unavailable to these households; being occupied by higher income earners.⁷¹

⁶⁶ Thomas M., "Social housing and homelessness," Budget Review 2017-18 (2017). Available at <www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201718/Social_housing_and_homelessness>

⁶⁷ Anglicare Australia, *Rental Affordability Snapshot: National Report – April 2020* (2020). Available at <<https://www.anglicare.asn.au/docs/default-source/default-document-library/rental-affordability-snapshot-2020.pdf?sfvrsn=4>>

⁶⁸ Australian Council of Social Service, *How to reduce homelessness and boost incomes and jobs: Social housing as infrastructure* (2019). Available at <<https://www.acoss.org.au/wp-content/uploads/2019/08/ACOSS-Brief-Social-Housing-Investment-as-Infrastructure.pdf>>

See also Johnson, G., Scutella, R., Tseng, Y., & Wood., G., "How do housing and labour markets affect individual homelessness?" (2018). *Housing Studies*, 34(7), 1099.

⁶⁹ Australian Council of Social Service, *How to reduce homelessness and boost incomes and jobs: Social housing as infrastructure* (2019). Available at <<https://www.acoss.org.au/wp-content/uploads/2019/08/ACOSS-Brief-Social-Housing-Investment-as-Infrastructure.pdf>>

⁷⁰ Productivity Commission, *Vulnerable Private Renters: Evidence and Options* (2019). Available at <<https://www.pc.gov.au/research/completed/renters/private-renters.pdf>>

⁷¹ Hulse, K., Reynolds, M., Nygaard, C., Parkinson, S. and Yates, J., *The supply of affordable private rental housing in Australian cities: short-term and longer-term changes* (2019), AHURI Final Report No. 323. Melbourne: Australian Housing and Urban Research Institute Limited. Available at: <<https://www.ahuri.edu.au/research/final-reports/323>>

Consequently, in 2016, there was a shortfall of over 650,000 homes across Australia, affordable to households in the bottom two income quintiles. Accounting for projected household growth to 2036, more than 1 million additional homes will be needed to meet the needs of these lower income households over the next 20 years.⁷²

While targets for social housing growth must be established via evidence-based frameworks in each state, the depth and commitment of national policy and funding must recognise the shortfall represented by the 200,000 households currently on waiting lists across Australia. Additionally, renewal of social housing, which has been languishing without vital maintenance and repairs also needs to be a priority, along with consideration of the substantial numbers not currently on wait lists but who would otherwise be eligible for social housing due to their low incomes.

As state and territory governments cannot deliver any significant increase to social or affordable housing in isolation, it will necessarily take a multi-government approach to address the policy and funding gap over the long term and in any meaningful way. Therefore, The Salvation Army calls for a national housing and homelessness strategy under the stewardship of bipartisan and interjurisdictional partners.

National Rental Affordability Scheme (NRAS)

As part of the COVID-19 response to homelessness, The Salvation Army also supports the extension of the National Rental Affordability Scheme (NRAS) to avoid tenants facing higher rent charges or eviction.

This recommendation has been also supported by CHIA, which has previously warned that, after 2020, the rate of NRAS expiries will ramp up to a peak of 9,178 in 2024, and that by 2026, a total of 36,721 will have left the system⁷³.

Other organisations, such as National Shelter, have acknowledged the NRAS for building high-quality, well located, high amenity dwellings, which play an important role in housing moderate income households who otherwise find rent unaffordable, even though they may be employed.⁷⁴

We also consider that the Australian Government should work with church and community groups to develop a program similar to the NRAS to fund groups who bring land or resources into projects to build social housing for low-income and homeless people.

⁷² Troy, L., van den Nouwelant R., Randolph B., *Estimating need and costs of social and affordable housing delivery* (2018). Available at <http://communityhousing.org.au/wp-content/uploads/2019/03/Modelling_costs_of_housing_provision_FINAL.pdf>

⁷³ Community Housing Industry Association, "Life Post NRAS" (2018). Available at <<https://www.communityhousing.com.au/post-nras/>>

⁷⁴ Pisarki, A., "The National Rental Affordability Scheme: In defence of a worthy program" (2019). *Pro Bono Australia*. Available at <www.probonoaustralia.com.au/news/2019/10/the-national-rental-affordability-scheme-in-defence-of-a-worthy-program/>

Social housing environmental standards

Another area of focus for existing public and community housing properties is on the need to improve the environmental standards of the facilities and particularly to invest in energy efficiency upgrades and solar photovoltaic (PV) installations for dwellings.

Commonwealth and state government funding be needs to be provided to community housing providers to implement energy efficiency upgrades and solar PV installations. This public investment would also create thousands of jobs (in training, auditing, installation, manufacturing and retail), increase household disposable incomes to spend in the economy (through reduced household energy costs), and lead to improved health and well-being. Clearly, social housing properties will need to undertake an energy audit to determine the appropriateness of the dwelling for an energy productivity upgrade or, alternatively, advise whether a new rebuild is required.

National leadership

Housing that is affordable to those on the lowest incomes, together with the provision of tailored support so individuals can both access and keep housing, is the foundation of an effective approach to ending homelessness in Australia. In view of the severe and increasing shortage of social housing in every state and territory and a worsening private rental market that is already virtually inaccessible to people on low incomes or income support, national leadership is urgently required to address the housing affordability and homelessness trajectory.

The Salvation Army acknowledges the Commonwealth Government for its leadership role in relation to policy and funding under the current National Housing and Homelessness Agreement (and its predecessors). The continuing rise in homelessness and falling housing affordability demonstrates that far more needs be done. With numerous homeless cohorts, it is evident that each of these would only continue to grow with any 'business as usual response'.

As the current increase in homelessness is directly related to the lack of affordable housing, the development of national homelessness and affordable housing strategies that are led by the Commonwealth are urgently required. In addition to the prioritisation and growth of funding for early intervention and support initiatives that meet demand, any national approach needs to include a commitment to significantly grow social housing.

In view of record low interest rates, the collapse of financial markets and the likely recession arising from recent bushfires and the coronavirus pandemic, meaningful economic stimulus directed towards social housing investment would provide government with the opportunity to provide jobs, build public infrastructure and ultimately work towards ending homelessness.

National leadership is urgently required.

About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Financial inclusion, including emergency relief
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services
- Social and Affordable Housing Provider

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Further Information

The Salvation Army would welcome to opportunity to discuss the content of this submission should any further information be of assistance.

Further information can be sought from [REDACTED], National Head of Government Relations, at [REDACTED] or on [REDACTED].

